

PART B - FEE(S) TRANSMITTAL

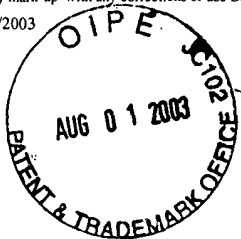
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23869 7590 05/30/2003

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OLEG F. KAPLUN	(Depositor's name)
<i>[Signature]</i>	(Signature)
JULY 28, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/764,659	01/17/2001	Michael R. Sansoucy	498-221 CON	6244

TITLE OF INVENTION: SELF-OCCLUDING CATHETER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	09/02/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
THISSELL, JEREMY	3763	604-030000

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SCIMED LIFE SYSTEMS, INC.

MAPLE GROVE, MINNESOTA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature)

(Date)

July 28, 2003

Oleg F. Kaplun, Reg. No. 45,559

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 02 FC:1504 300.00 DA

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